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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

**State of Connecticut**  
**Office of Health Care Access**  
**CON Determination Form**  
**Form 2020**

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. PETITIONER INFORMATION**

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Rushford Center Inc.	
Doing Business As	Rushford Center Inc.	
Name of Parent Corporation	Hartford Health Care Corp	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	384 Pratt Street Meriden, CT 06450	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Not for Profit	
Name of Contact person, including title	John Habif Director of Quality Management	
Contact person's street mailing address	384 Pratt Street Meriden, CT 06450	
Contact person's phone, fax and e-mail address	203.238.6802 (phone) 203. 634.2799 (fax) jhabif@rushford.org	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:  
Mental Health Partial Hospital Program / Intensive Outpatient Services
- b. Location of proposal (Town including street address):  
315 Main Street, Portland, CT 06480
- c. List all the municipalities this project is intended to serve:  
The Portland PHP serves a geographic area that includes Middlesex County, Meriden/Wallingford area and other towns within 15 miles of the program. Please refer to the Attachment 1.
- d. Estimated starting date for the project:  
July 1, 2005
- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

- ☐ ☐ Acute Care Hospital  
☒ ☐ Behavioral Health Provider  
☐ ☐ Hospital Affiliate

E P

- ☐ ☐ Imaging Center  
☐ ☐ Ambulatory Surgery Center  
☐ ☐ Other (specify): \_\_\_\_\_

E P

- ☐ ☐ Cancer Center  
☐ ☐ Primary Care Clinic

## SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: \$                     \$0.00
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above) **N/A**

New Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$</b>

**Major Medical and/or imaging equipment acquisition:** N/A

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☒ Operating Funds      ☐ Lease Financing      ☐ Conventional Loan  
☐ Charitable Contributions      ☐ CHEFA Financing      ☐ Grant Funding  
☐ Funded Depreciation      ☐ Other (specify): \_\_\_\_\_

#### SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

**SECTION V. AFFIDAVIT**


Applicant: Rushford Center Inc.

Project Title: Mental Health Partial Hospital Program

I, Jeffrey Walter, CEO  
(Name) (Position – CEO or CFO)

of Rushford Center Inc. being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that Rushford Center complies with the appropriate  
(Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

  
Signature

4-28-05  
Date

Subscribed and sworn to before me on April 28, 2005

  
Notary Public/~~Commissioner of Superior Court~~

My commission expires: April 30, 2009

## **SECTION IV. PROPOSAL DESCRIPTION**

**1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.**

Rushford's mental health partial hospital program (PHP) provides 4 hours per day 5 days per week of individual therapy, group therapy, and medication management for men and women who are at imminent risk of psychiatric hospitalization. As individuals begin the treatment process, they receive a physical examination and psychiatric evaluation. A psychiatrist oversees the treatment process. Clients can access crisis intervention services within the Rushford service system after hours.

An Intensive Outpatient Program (IOP) level of care has also been provided as a "stepdown" program for the clients who have been in the PHP. A session is a maximum of three hours of therapy services per day and a maximum of three days per week. The same therapy services are provided in IOP as in PHP, the only difference being the level of intensity.

**2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

Rushford Center proposes to relocate the PHP/IOP at 315 Main Street in Portland to 883 Paddock Avenue, Meriden. Rushford currently operates a PHP/IOP at the Meriden location. Both programs serve similar populations and overlapping service areas. They are both licensed by the DPH as Mental Health Day Treatment and Psychiatric Outpatient Clinics. Analysis of utilization and demographic patterns for both programs has led Rushford to conclude that the target population and communities for these two programs can be most efficiently served by combining the programs at the Meriden location. Rushford currently provides transportation for all clients who need it. Rushford will continue this practice for the combined program, thus assuring uninterrupted access for all communities and clients currently served by the Portland program. Please refer to Attachment 1, Patients Served by Town.

Upon approval of this proposal, Rushford will request the Department of Public Health to terminate the licenses at 315 Main Street, Portland. This proposal does not require any changes in the DPH licenses at 883 Paddock Avenue, Meriden.

**3. Will you be charging a facility fee?**

Yes. Fees are routinely paid by third party public and private insurance.

**4. Who is the current population served and who is the target population to be served?**

The target population includes men and women, age 18 and older, who have serious and persistent mental illness and are identified as being at imminent risk for psychiatric hospitalization. Clients are eligible to continue in this level of care as long as they meet criteria. The Intensive Outpatient services exist to provide continuing care at a less intensive level of care for the same population.

**5. Who will be providing the service?**

Rushford will continue operating the combined program at 883 Paddock Avenue, Meriden. Besides the partial hospital program, Rushford also operates a large psychiatric outpatient clinic, intensive outpatient services, and crisis services at the Paddock Avenue, Meriden location.

**6. Who are the payers of this service?**

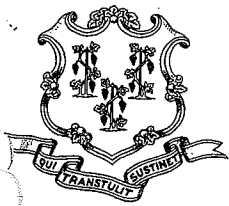
There is no grant funding. The primary payer is Medicare, followed by Medicaid and private insurance.

**Rushford Center Inc.**

**Admits by Town for Mental Health Partial Hospital Programs  
Period Covering July 1, 2004 through March 31, 2005**

<b>Town</b>	<b>Portland PHP</b>	<b>Meriden PHP</b>
Berlin	2	0
Centerbrook	4	0
Cheshire	6	3
Clinton	3	0
Cromwell	2	0
Durham	0	2
East Hampton	3	0
East Hartford	29	1
Glastonbury	5	0
Meriden	19	52
Middletown	36	2
New Britain	13	2
North Haven	0	2
Portland	9	0
Prospect	0	2
Wallingford	2	21
	<b>133</b>	<b>87</b>

Note: Shaded cells show towns served by both programs



# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

May 16, 2005

CRISTINE A. VOGEL  
COMMISSIONER

John Habif  
Director of Quality Management  
Rushford Center Inc.  
384 Pratt Street  
Meriden, CT 06450

RE: Certificate of Need Determination; Report Number 05-30494-DTR  
Closure of Mental Health Partial Hospital Program/Intensive Outpatient Services in  
Portland  
Rushford Center Inc.

Dear Mr. Habif:

On May 2, 2005, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request concerning the proposal of Rushford Center Inc. ("RCI") to close its mental health partial hospital program/intensive outpatient service at 315 Main Street in Portland, Connecticut, with no associated capital expenditure.

OHCA has reviewed the information contained in the request and makes the following findings:

1. RCI is a not for profit facility operating psychiatric clinic sites in Connecticut.
2. RCI is located at 315 Main Street in Portland, Connecticut.
3. RCI is a health care facility or institution as defined in Section 19a-630 of the Connecticut General Statutes ("C.G.S.").
4. RCI mental health Partial Hospital Program (PHP) provides 4 hours per day 5 days per week of individual therapy, group therapy, and medication management for men and women who are at imminent risk of psychiatric hospitalization.
5. An Intensive Outpatient Program (IOP) level of care has also been provided as a "stepdown" program for the clients who have been in the PHP.
6. RCI proposes to relocate the PHP/IOP at 315 Main Street in Portland to 883 Paddock Avenue, Meriden.
7. RCI currently operates a PHP/IOP at the Meriden location.

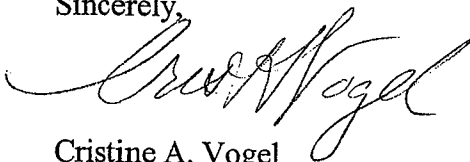
8. RCI has concluded that the target population and communities for these two programs can be most efficiently served by combining the programs at the Meriden location.
9. RCI currently provides transportation for all clients who need it, and will continue this practice for the combined program, thus assuring undisrupted access for all communities and clients currently served by the Portland Program.
10. Upon approval of this proposal, RCI will request the Department of Public Health to terminate the licenses at 315 Main Street, Portland.
11. Section 19a-638 (a)(3) of the Connecticut General Statutes states "*Each health care facility or institution which intends to terminate a health service offered by such facility or institution ... shall submit to the office, prior to the proposed date of such termination .. a request to undertake such termination ...*"

Based on the above findings, OHCA has determined Rushford Center Inc., a health care facility or institution, is required to seek and obtain Certificate of Need approval for the termination of Mental Health Partial Hospital Program/Intensive Outpatient Services in Portland, pursuant to Section 19a-639(a)(3) of the Connecticut General Statutes.

OHCA considers the submission of information received on May 2, 2005 as the Letter of Intent for this matter; therefore RCI may file a completed CON application with OHCA between July 1, 2005, and August 30, 2005. The CON application is being mailed to your attention separately.

If you have any questions regarding the above, please contact Paolo Fiducia, Associate Health Care Analyst at (860) 418-7035.

Sincerely,



Cristine A. Vogel  
Commissioner

Copy: Sandra Bauer, Health Processing Technician, DPH, DCBR